



**Application
for
Department of Revenue Approved Bidder's List**

DR-415
R. 07/97

The following information is submitted for the purpose of establishing the applicant's qualifications and ability to satisfactorily perform contract work in the State of Florida for county property appraisers, tax collectors or county commissions.

Where necessary, supplemental explanations and schedules should be submitted. The Department of Revenue may request such additional material and data as it deems necessary to establish the qualifications and capabilities of the applicant. This application must be completed in its entirety. For any portion which does not apply, place appropriate N/A in the space provided.

Identification

Firm Name _____ Federal EI Number _____

Established _____ State _____ SSN if Individual _____

Business Organized As: () Individual () Partnership (General or Limited) () Joint Venture
() Corporation () Other- Specify _____

Resident Agent _____
(Name) (Address)

If your business is a foreign corporation or foreign limited partnership, proof must be furnished that you are qualified through the Florida Secretary of State's Office to do business in Florida.

Office Address _____

City _____ State _____ Zip _____

Mailing Address for Official Correspondence (If different from above)

City _____ State _____ Zip _____

Business Telephone _____
(Area Code) (Number)

Check the following areas in which you are requesting to be placed on the approved bidder's list. For each area checked, provide detailed documentation in the remainder of the application to demonstrate your ability to provide these services.

- ☐ Electronic Data Processing Services
- ☐ Computer Software
- ☐ Electronic Data Processing Equipment
- ☐ Assessment and/or Appraisal Services
- ☐ Electronic Data Processing Consulting
- ☐ Assessment and/or Appraisal Consulting
- ☐ Geographic Information Systems
- ☐ Micrographics Service
- ☐ Microcomputers and Peripherals
- ☐ Other

If the applicant is a subsidiary, parent company or holding company, list all other business relationships

Trade name of Firm	Active Inactive Divested		Relationship to Applicant Firm	When Where Organized	Principal Business
		Year			

If the applicant is a subsidiary or parent organization and has ever done business under other trade names, specify here:

Former Trade name	Year Changed	Active Inactive Divested	Year

Major Branch Offices of the Applicant or its Related Firms:

Firm Name	Location

Services Provided by Applicant

Describe the services which your firm can perform and which the firm would like to be approved to perform.

Qualifications

Describe the experience and background which the principals and key personnel in your firm possess which should be considered in the evaluation this application.

Financial Stability

Attach here a balance sheet and income statement for your organization for the past two fiscal years.

Narrative of Firm's History

Suggestion: Describe the operational history of the business as it relates to experience gained in the area for which this application is made.

Present Activities In Which Your Firm Is Involved				
Name and Type of Project	Location	Name and Address of Owner or Official	Estimated Contract Value	Percent Completed
Total Number of present projects:			Total estimated contract value:	

Completed Work In Which Your Firm Was Involved During The Last 10 Years				
Name and Type of Project	Location	Year your Work Completed	Name and Address of Owner or Official	Contract Value
Total number of completed projects:		Total contract value:		

Personal History Statement of Principals and Associates Within Your Firm (Furnish completed data but keep to essentials)					
A. Name (Last-first-middle initial)			D. Name (Last-first-middle initial)		
Date of Birth (mo-day-yr)	Years of Experience _____	As Principal in other Firm _____	Date of Birth (mo-day-yr)	Years of Experience _____	As Principal in other Firm _____
	As Principal in this Firm _____	Other Than Principal _____		As Principal in this Firm _____	Other Than Principal _____
Education (College, degree, year, specialization)			Education (College, degree, year, specialization)		
Membership in Professional Organizations			Membership in Professional Organizations		
B. Name (Last-first-middle initial)			E. Name (Last-first-middle initial)		
Date of Birth (mo-day-yr)	Years of Experience _____	As Principal in other Firm _____	Date of Birth (mo-day-yr)	Years of Experience _____	As Principal in other Firm _____
	As Principal in this Firm _____	Other Than Principal _____		As Principal in this Firm _____	Other Than Principal _____
Education (College, degree, year, specialization)			Education (College, degree, year, specialization)		
Membership in Professional Organizations			Membership in Professional Organizations		
C. Name (Last-first-middle initial)			F. Name (Last-first-middle initial)		
Date of Birth (mo-day-yr)	Years of Experience _____	As Principal in other Firm _____	Date of Birth (mo-day-yr)	Years of Experience _____	As Principal in other Firm _____
	As Principal in this Firm _____	Other Than Principal _____		As Principal in this Firm _____	Other Than Principal _____
Education (College, degree, year, specialization)			Education (College, degree, year, specialization)		
Membership in Professional Organizations			Membership in Professional Organizations		
Membership in Professional Organizations			Membership in Professional Organizations		

Personal History Statement of Principals and Associates Within Your Firm (Furnish completed data but keep to essentials)					
(Continued)					
G. Name (Last-first-middle initial)			J. Name (Last-first-middle initial)		
Date of Birth (mo-day-yr)	Years of Experience _____	As Principal in other Firm _____	Date of Birth (mo-day-yr)	Years of Experience _____	As Principal in other Firm _____
	As Principal in this Firm _____	Other Than Principal _____		As Principal in this Firm _____	Other Than Principal _____
Education (College, degree, year, specialization)			Education (College, degree, year, specialization)		
Membership in Professional Organizations			Membership in Professional Organizations		
H. Name (Last-first-middle initial)			K. Name (Last-first-middle initial)		
Date of Birth (mo-day-yr)	Years of Experience _____	As Principal in other Firm _____	Date of Birth (mo-day-yr)	Years of Experience _____	As Principal in other Firm _____
	As Principal in this Firm _____	Other Than Principal _____		As Principal in this Firm _____	Other Than Principal _____
Education (College, degree, year, specialization)			Education (College, degree, year, specialization)		
Membership in Professional Organizations			Membership in Professional Organizations		
I. Name (Last-first-middle initial)			L. Name (Last-first-middle initial)		
Date of Birth (mo-day-yr)	Years of Experience _____	As Principal in other Firm _____	Date of Birth (mo-day-yr)	Years of Experience _____	As Principal in other Firm _____
	As Principal in this Firm _____	Other Than Principal _____		As Principal in this Firm _____	Other Than Principal _____
Education (College, degree, year, specialization)			Education (College, degree, year, specialization)		
Membership in Professional Organizations			Membership in Professional Organizations		
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Authorization

The foregoing information is submitted in support of this application for approval. The facts and data submitted are believed, to the best of our knowledge, to be true and correct.

It is understood that the Department reserves the right to contact any of those persons or firms named to verify or inquire as to the performance of the applicant.

The Department also reserves the right to request whatever supporting data it feels is necessary to determine the proper disposition of this applicant.

We hereby apply to have our firm's name placed upon the Department of Revenue's approved bidder's list.

Signature of the Applicant:

Title _____

Date _____